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THE CANADIAN NURSE

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Editor and Business Manager.....MISS HELEN RANDAL, R.N.

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The Challenge of the Future

By ETHEL JOHNS
Director of Nursing, Vancouver General Hospital

Read at the C.N.A.T.N. Convention, July, 1920

I feel that I owe an apology to the private nurses of this association for presuming to speak on a subject concerning which I have had little practical experience; but I can, at least, claim to have been a private nurse. For about a year I did private duty, and during that time I learned much that has been of untold value to me since. More conceit was knocked out of me during those brief months than I could have believed possible; for, if the sad truth must be told, I was not precisely a shining success. Never shall I forget the sinking feeling which became apparent in my epigastric region when I climbed the steps of a strange house, with my suitcase in my hand. I can yet feel upon me the gimlet eye of the maid who admitted me, and who, I knew instinctively, resolved to hand in her notice that very day. I can hear yet the carping criticism of the maternal grandmother concerning my ideas on infant welfare. I can remember the broken nights, and the exhausting days. But there was another side to it. There was the night that one showed a proud young father his first-born son;

there was the night when one came to know what the word "comfort" meant, *"to be strong with,"* to go down into the "valley of the shadow," until at last the kind, strong hand that had been the breadwinner for the little family grew cold in yours. Oh! I would not have missed that year, with all its failures. It is no light thing to hold the cup of life and death to the lips of others, even though you taste not of it yourself.

The very soul of nursing is private duty; and yet, and yet—why is it that so many, like myself, cannot satisfy themselves with it?

Last winter a course of lectures, entitled "The Field of Modern Nursing," was given to the graduating class of the hospital with which I am connected. One question of the subsequent examination was as follows:

"Which of the fields now open to nurses appeals to you most at present, and why?"

Of the fifty-three who took the examination, thirty chose public health, infant welfare or social service; ten chose surgery; three chose the mission field; five wished to be staff nurses in hospitals, "and perhaps help to teach pupils." (I have my eye on them.) One bold soul wanted to be a superintendent, "when I have a little more experience." (She is worth watching, too.) And seven thought they would like to do special nursing; one making the following naive condition, "especially in the hospital, because everything is so convenient there."

These results were so startling, that a further enquiry was conducted. I am afraid a certain percentage of those who chose public health, in their hearts agreed with the youngster who solemnly assured me "that it was so nice to get your Saturday afternoons and Sundays and *all* the holidays." But there was another answer which was rather touching: "I would like to do public health work, because then I could care for the poor, and I could not do that if I were a special nurse, because the poor can't afford their fees and *I* can't afford to work for less than a living wage." I rather think this girl summed up the situation. We will refer to her later. Another pupil said she preferred not to enter private nursing, "because it doesn't lead anywhere—you just go on year after year till you are old"; and a third struck a new note with this statement, "I think I would like private nursing if I could be very good in some special branch of it and only take difficult cases." Out of the mouths of these babes and sucklings comes one "Challenge of the Future." These children are thinking to some purpose.

A more sinister challenge comes from other quarters. A growing discontent is making itself felt in Canada and in the United States with respect to nurses in general, and private nurses in particular. This discontent is voiced loudly and specifically by some members of the medical profession, and it is voiced just as loudly but less specifically by the laity. There is no use blinking the facts. People of moderate means cannot at present obtain adequate, continuous trained nursing care. No

middle-class family can employ for more than a short time a graduate nurse for day duty and another for night duty at a total expense for salaries alone of seventy dollars per week. The medical profession and the laity alike know that this fact is true, and, unfortunately and very unjustly, they lay the blame for it on the shoulders of the graduate nurse. They do not stop to consider the facts of the case. These may be summed up as follows:

(a) The wage of the private nurse is not unduly high, considering her long period of training and the fact that she cannot work continuously.

(b) The former system of twenty-four-hour duty was detrimental to the nurse and to the patient she cared for. No woman should be expected to perform more than twelve hours of difficult and exacting work per day as a routine practice.

That, in a nutshell, is the case for the private duty nurse. But now that it is stated, the fact remains:

Persons of moderate means are not able to afford nursing service. That is the challenge of the future. How is that challenge being answered, and by whom? It is being answered by the doctors and the laity, who insist that one of two things be done: that either the nurses lower their fees and accept twenty-four-hour duty, or that a cheaper class of nursing attendance be instituted forthwith. How is it being answered by the private duty nurse? It is not being answered at all. Some actively oppose the introduction of attendants; many refuse, and rightly, to attempt the impossibility of accepting less than a living wage and of working impossible hours. My quarrel with the private duty nurses is this: As a group they are usually inarticulate, unless it is a question of raising fees or reducing hours. Not that they should be blamed for doing either, or both, when it becomes just and necessary; but, in addition, they should take their part in formulating a constructive programme which will help solve the burning question of how people of moderate means are to be cared for when they are ill. Not for a moment would I suggest that the economic burden should be laid upon the shoulders of the private nurses; but surely leaders could be developed from among them who would face this issue squarely, and would make constructive suggestions to the medical profession and to the laity as to some compromise that would be fair to all. One thing is certain—the middle-class wants continuous nursing care in the home, and it is going to get it, either with the help and co-operation of the private duty nurse or without it. Would it not be possible for the private duty nurses to appoint representatives to meet with local medical associations and to explain their position? Could not groups of organized women be brought to realize by private nurses the real difficulties of the situation? No real, sane, business-like conference has yet been held between all the parties interested; no convincing propaganda has

been disseminated. What are the possibilities of insurance against sickness in this connection? It is possible to provide by this means continuous nursing care for self-respecting men and women who are not asking for charity? The Government might spend money less wisely than by inaugurating such a plan. Have private nurses, as a group, concerned themselves with these things or tried to educate the public or themselves concerning them?

In spite of some recent disillusionizing experiences, I decline to acknowledge that nursing is hopelessly commercialized. I still feel that the spirit of the pupil who said, "I would like to nurse in the homes of the poor if I could afford to," is reflected in the hearts of many private nurses to-day. I will go further. I am sure that there are women in this room capable of organizing, training and supervising attendants, and, by so doing, entering upon a broader field of usefulness, who are now wasting their powers looking after convalescent cases who would get along just as well with a less skilled service.

Do not misunderstand me. I am not belittling the importance of skilled nursing care in acute cases for one moment; but I entirely agree with the pupil who said she would like to be a specialist and nurse difficult cases all the time.

Surely it is not impossible that some day the time will come when sick people, during the acute stages of their illness, shall be cared for by highly skilled women working reasonable hours for a fair wage, and, when the stage of convalescence ensues, they shall transfer these patients to the care of properly licensed attendants, duly supervised by graduate nurses. It stands to reason that women possessing high technical skill should be suitably paid; and it has always seemed to me an anomaly that private nurses' fees are usually all the same, regardless of experience, special training, or unusual skill.

It is freely acknowledged that the question of attendants is a most thorny problem. The recent defeat of the amendments to the Manitoba Nurses' Registration Act, which recommended the formation of such a group, providing they were trained and supervised by graduate nurses, is a discouraging sign. It points to the fact that the opinion is widely held that the nurses should be given no jurisdiction over these workers. That would be a very serious matter, not only for the nurses, but for the public, for it would mean the overthrow of nursing as we know it, for we could not compete against these women unless we were assured that they would not be allowed to pose as graduate nurses. The temptation for them to do this would be overwhelming, unless the strongest measures were taken to prevent it. I do not believe either the medical profession or the laity realize this fact: That the employment in large numbers of unsupervised, irresponsible attendants means the destruction of the graduate nursing force. It should be our duty to demonstrate this fact to them at every opportunity, and the private nurses could assist very materially with propaganda of this kind.

There is a question in the minds of many of you, and I will answer it before you ask it. You say to me: You are a director of nursing. Considerable criticism is levelled at you and your group. Why not clean your own doorstep first? For this reason: Some of the reaction on the part of the medical profession and the public against the private nurse is being felt very severely in our schools. There is a tendency to attribute the demand for a higher wage and shorter hours to a system of teaching, which makes nurses "above their jobs." Much of the opposition which exists to-day with regard to the higher education of nurses has its origin in the fact that nursing care in the home is so difficult to obtain. Physicians and the public accuse us of educating nurses away from nursing and rendering them unwilling to perform ordinary nursing duties. I leave it to you to say whether or not there is some truth in this accusation. They urge us to lower our standards, to give shorter courses, to do something to get nursing attendance for people who need it.

We are between the devil and the deep sea. We are asked to prepare in the same school and under the same conditions and with the same methods women for two distinct types of service—routine and highly skilled. The modern graduate nurse is trying to fill the need for both, and is not succeeding over well in either. How can she? The same educational methods cannot prepare for both. The demand for highly trained women for public health, for training school and hospital administration is overwhelming. There are on the books of Teachers College three hundred requests for women possessing special training for which there is no supply, because women capable of assuming work of this kind are content to drift along in routine work which does not develop their real powers. I will make this rash statement boldly: If trained attendants took over routine nursing duties to-morrow, the number of graduate nurses whom they would displace could be absorbed into the more difficult and highly skilled branches of nursing the next day. In private duty alone there would still be an overwhelming demand for the services of the fully trained woman. The real facts of the case would appear—that the crux of the whole situation is that it is not so much a shortage of private nurses which exists as a shortage of domestic help during illness, and that need the trained attendant would help to fill more acceptably than it is possible, in the very nature of things, for the graduate nurse to do.

The challenge of the future to the private duty nurse is just this: "Increase the borders of thy habitation and enlarge the place of thy tent." Organize among yourselves, and your leaders will appear. Educate the medical profession and the laity concerning your real attitude. Incidentally, you will learn much yourselves. Grasp every opportunity for developing a more skilful technique and a broader knowledge of the more highly specialized branches of private duty; be ready when the time comes to organize and direct an auxiliary force.

Within the last few weeks the amended New York Bill regarding Nurse Registration has been passed. This provides for licensed attendants and is very broad, so broad that one trembles. But the New York nurses are not, apparently, unduly alarmed. Is it possible that they are answering the challenge of the future with the calm statement that there is always room at the top? Something tells me that they are; and if they can so answer—why, so can we.

JUST BEFORE

Though he that, ever kind and true,
Kept stoutly step by step with you,
Your whole long, gusty lifetime through
Be gone a while before,
Be now a moment gone before,
Yet doubt not, soon the seasons shall restore
Your friend to you—

He has but turned a corner—still
He pushes on with a right good will,
Through mire and marsh, by hedge and hill,
That self-same, arduous way—
That self-same upland, hopeful way,
That you and he, through many a doubtful day,
Attempted still.

He is not dead, this friend—not dead,
But in the paths we mortals tread
Got some few trifling steps ahead,
And nearer to the end,
So that you, too, once past the bend,
Shall meet again, as face to face, this friend
You fancy dead.

Push gaily on, strong heart! the whole
You travel forward mile by mile,
He loiters with a backward smile,
Till you can overtake;
And strains his eyes to search his wake,
Or, whistling, as he sees you through the brake,
Waits on a stile.

ROBERT LOUIS STEVENSON.

Lectures on The History of Nursing

WITH DESCRIPTIVE LIST OF LANTERN-SLIDES

By MAUDE E. SEYMOUR ABBOTT, B.A., M.D.,
Curator of the Medical Museum, McGill University

(Continued from Last Month)

LECTURE IX.

THE SUCCESSORS OF FLORENCE NIGHTINGALE. GREAT NAMES IN THE HISTORY OF MEDICINE.*

19

THE SUCCESSORS OF FLORENCE NIGHTINGALE.

AUTHORITIES CONSULTED: Nutting and Dock, Vols. II. and III., 1907, 1919; History of British Nursing, by Susan Tooley; A Short History of Nursing, by Lavinia L. Dock and Isabel M. Stewart, 1920; The Early History of Canada, by M. Louise Meiklejohn, Montreal Medical Journal, May, 1910; History of the Toronto General Hospital, by C. K. Clarke, M.D., Wm. Briggs, 1913; Historical Sketch McGill Medical Faculty, Abbott, Montreal Medical Journal, 1902; Memorials of Agnes Elizabeth Jones, by her sister (James Nisbet & Co., London); Reminiscences of Linda Richards; Aequanimitas, Chapter XIII., by William Osler.

REMARKS: Under this term may be included all leaders of modern nursing, whether graduates of the Nightingale School or not. There were training schools before the day of Miss Nightingale. First of these was the Deaconess' Institute at Kaiserwerth, established by Pastor Fliedner in 1836; then the Institution of Nursing Sisters in London, founded on the model of Kaiserwerth by Elizabeth Fry in 1840; the Nurse Society of Philadelphia, founded on the same model by the Society of Friends in that city in 1839; and last, but not least, the Sisterhood of St. John's House in London, organized, also along Kaiserwerth lines, by Sir William Bowman and others, in 1848. All these from their origin were training schools, and all, especially the last named, St. John's House, contributed their honorable quota from among their graduates to the list of pioneers in this noble work. The nursing of King's College Hospital in London was for many years conducted from St. John's House, and presents a splendid record. But the Training School of St. Thomas' Hospital, founded in June, 1860, by Florence Nightingale with the proceeds of the Nightingale Fund raised in honor of her Crimean achievement, differed from all that preceded it, and laid the corner-stone of modern nursing as an art and a profession by establishing this on a secular basis as an honor-

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able means of livelihood and a scientific adjunct to the physician's skill, while at the same time insisting upon the spiritual side of the life of the true nurse, and the necessity in her of a definite sense of vocation to the work, and of a religious spirit of self-consecration and an absolute self-forgetting devotion to the higher interests of the sick-room and the best welfare of the patient. This combination of principles, instilled by Miss Nightingale herself in the pupils of her school through many years of devotion, and insisted upon by her and her wonderful first matron, Mrs. Wardroper, by careful selection of candidates, strict discipline, close personal supervision, and loving nurturing care, gradually permeated the earlier schools as well, in some cases in the face of preliminary opposition and prejudice, and made them also, in their later development, an integral part of the great system of modern trained nursing, of which Florence Nightingale was undoubtedly the fountain-head and the apostle. Of great importance, too, in the consolidation of the profession along the lines she had laid down, was the plan, adopted from the first by the St. Thomas School, of training its probationers not for private duty, but to be trainers of the trained, the future heads of other great hospitals and infirmaries. This policy, one of the best instances that can be cited of Miss Nightingale's extraordinary powers of organization, sent the graduates of her school, often with a bevy of fellow-graduates under their headship, far and wide over the earth, carrying with them the system and discipline of their Alma Mater, and the gospel and impress of Miss Nightingale's teaching and inspiration, which she showered continuously upon them, individually and collectively, during the last twenty years (1872-1892) of her active life. Blockley Hospital in Philadelphia, the Toronto and Montreal General Hospitals, the Royal Infirmaries of Edinburgh and Glasgow, the St. Steven's Hospital of Dublin, and hospitals in Australia, Germany and elsewhere, owned as their first superintendent a Nightingale nurse. Most illuminating of all in this regard is the beautiful story, told with much feeling by Miss Nightingale, under the title "Una and the Lion," in Good Words (June, 1868), of Agnes Jones and the Liverpool Workhouse Infirmary. A gentle girl of wealth and position, high religious views, ardent enthusiasm, and endowed with great executive capacity, she obeyed the call that came to her from this great institution, and there, at the head of twelve Nightingale nurses, heroically initiated the great work of Workhouse Reform in England, and in three short years laid her own life on the altar of her accomplished task.

The following series of slides show some of those who blazed the trail in the profession in this and other lands:

In England

Slide 191—Mrs. Wardroper. Matron of St. Thomas' Hospital from 1853 to 1887, and first superintendent of the Nightingale Training School from its formation in 1860 until her death. Owing to the ability of her administration during the years 1853-60, the nursing department of St. Thomas' had become the best managed in London, and it was this fact that led Miss

Nightingale to select it for her training school. She was a strict disciplinarian, and a wise and sympathetic administrator.

Slide 192—Mary Crossland. Appointed "Home Sister" at St. Thomas' in 1875, fifteen years after the origin of the training school, and held this post for twenty-one years. Her special function was the training of the probationers. She had a wonderful influence upon them, and took an important part in developing a high standard of professional ethics in the St. Thomas School.

Slide 193—Agnes Elizabeth Jones (1832-1868). Pioneer of Workhouse Reform. Graduated from the St. Thomas School in 1863. In 1865 accepted the charge of the Liverpool Workhouse Infirmary, which contained 2,000 patients of vicious and degraded class, deplorably neglected under the care of pauper nurses. In three years worked a brilliant reform to cleanliness, order, and godliness, which quickly spread to similar institutions. Died suddenly, at the moment of success, of typhus fever, in February, 1868.

Slide 194—Mrs. Dacre Craven (Florence Lees). An early pupil of the Nightingale School and pioneer of district nursing in London; had an extensive preliminary post-graduate training in Berlin, Dresden, Kaiserwerth and Paris; inspected hospitals in Denmark, Holland and America; served as Surgical Sister at King's College, and was in charge of two military hospitals in the Franco-Prussian War. In 1874 was made Chairman of Committee of Enquiry of National Nursing Association, organized by St. John's Ambulance to provide nurses for the care of the sick poor, and in 1876 Superintendent-General of their new Central Home. Formulated with great success the principles followed in district nursing to-day; insisted especially on the point that district nurses must be from the class known as gentlewomen. Married, in 1880, Rev. Dacre Craven, Rector of St. Andrew's, Holborn, who became Honorary Secretary to the National Nursing Association.

Slide 195—Mrs. Bedford Fenwick (Ethel Gordon Manson). Pioneer in the work of organization and registration of nurses. Was a graduate of St. Bartholomew's Hospital, and became its matron at the age of twenty-four, and in six years organized this training school along its present lines. Married Dr. Bedford Fenwick in 1887, and began then the organization of the British Nurses' Association, which obtained its charter in 1893, and of which she is to be recognized the author. Established the British Journal of Nursing in 1902.

Slide 196—Isla Stewart. Graduated (in 1879) from the St. Thomas Hospital, and was ward sister there for some years. Succeeded Mrs. Bedford Fenwick as matron of St. Bartholomew's Hospital in 1887, and held this post twenty-one years. Founded, in 1894, the National Council of Nursing of Great Britain and Ireland, and became its first President.

In France

Slide 197—Dr. Anna Hamilton. Pioneer of the Nightingale system in France and organizer of the splendid training school at Bordeaux, called, by permission of Miss Nightingale's executors, by her name. Graduates of this school did splendid service in the war, and the erection of its new building has been adopted by the American Nurses' Association as war memorial work. She presented a remarkable thesis, at her graduation in medicine from Montpellier, on the abuses and the reforms needed in nursing in France. Soon after she accepted charge of the Bordeaux Hospital, and started a school here to train trainers; placed Catherine Elston, a brilliant graduate of the London Hospital, at its head.

In the United States

Remarks: The first attempt at trained nursing in the United States was made at the New York Hospital by Dr. Valentine Seaman in 1771. Next came the effort of the Nurse Society of Philadelphia in 1839, under Dr. Joseph Warrington (mentioned above). Then the Women's Hospital in Philadelphia opened a school for nurses in 1864. The first actual training school was inaugurated in the New England Hospital for Women by Dr. Marie Zakrzewska in 1860; this was elaborated into a complete instructional course of a year's duration along Kaiserwerth and Nightingale lines by Dr. Susan Dimock in 1872. This school differed from the Nightingale system only in the point that its nursing staff were controlled by medical women instead of by a nurse superintendent. The great Training School of Bellevue Hospital, New York, opened next in 1873, in consultation with Miss Nightingale, through Dr. Gill Wylie, and applied her system in practically all its details from the first. Under the direction of Miss Perkins, who succeeded Sister Helen in charge in 1876, and who was possessed of remarkable powers of administrative control, this school held for many years the acknowledged leadership on this continent. "She was a great general," says one who knows, speaking of Miss Perkins. "More than half the lady superintendents of America, up to ten years ago, were trained at Bellevue; among them Miss Hampton, Miss Dock, Miss Snively, Miss Darche and Miss Kimber." Two other Schools were organized in the same year with Bellevue, 1873, the Massachusetts General Hospital and the Connecticut Training School at Newhaven. The Blockley Hospital Training School of Philadelphia was also organized, in the face of immense difficulties, by Miss Alice Fisher, a graduate of St. Thomas, who died at the work. From such beginnings has spread the immense system of trained nursing in the United States, with its honorable pioneer record of regeneration and organization, and its rapidly advancing system of higher professional instruction, which is daily raising the standards of the profession to the higher levels of modern progressive medicine.

(*Note:—For slides and biographical statements upon Miss Snively and Miss Livingston, see under the next section, "In Canada."*)

Slide 198—Linda Richards. "The first trained nurse in America." Entered the New England Hospital for Women and Children on the day its training school was opened, and six weeks before the other four members of the pioneer class. Became Night Superintendent of Bellevue in 1873, and then Superintendent at the Massachusetts General Hospital. Organized training chools at the Boston City Hospital and the Methodist Hospital, Philadelphia, and one in Tokio, Japan. Later did post-graduate work in England and then remarkable work in the nursing of the insane. Is still alive and active to-day.

Slide 199—Sister Helen of the All Saints' Sisterhood (Miss Bowden). First Superintendent of the Training School for Nurses of Bellevue Hospital, New York. Was trained at University College Hospital, London, and, while visiting the Baltimore Branch of her Sisterhood, heard of the efforts

of Dr. Gill Wylie to organize the training school at Bellevue, and volunteered her services for it. Remained there from 1873 to 1876, and rendered a great service both to this institution and to the nursing profession.

Slide 200—Anna Maxwell. Trained at the New England Hospital for Women and Children. Co-author, with Miss Pope, of a standard text-book on Nursing, and famed for her system of training. Organizer of the St. Luke's and Presbyterian Hospital Training Schools in New York. Held the position of "Lady Trainer of Nurses" at the Montreal General Hospital for some three months, about 1884, in the time of Miss Rimmer, the last matron of that institution, before its first training school was established. She gave up the work on account of the disorderly state of the hospital.

Slide 201—Isabel Hampton Robb. Born at Welland, Canada, and educated at St. Catharines, Ontario. Trained at Bellevue Hospital. Became Superintendent of the Illinois Training School in 1888 at the age of twenty-six, and first Superintendent of Nurses and Principal of the Training School at Johns Hopkins in 1889. Was made Chairman of the Nursing Section of the Congress of Hospitals and Dispensaries of the Chicago World's Fair (1893), and assisted in the creation and evolution of the higher educational courses of Teachers College, Columbia, the American Society of Superintendents of Training Schools, and other movements. Was first President of the Association of Alumnae of the Training Schools of Canada and the United States (now the American Nurses' Association). Accomplished much in the organization of the profession. Was accidentally killed, November, 1910.

Slide 202—Isabel Hampton in 1882, when a pupil nurse at Bellevue Hospital Training School.

Slide 203—Parlor of the Bellevue Hospital Nurses' Home in 1882, showing a lesson in bandaging.

Slide 204—Adelaide Nutting. Also a Canadian. An early graduate of Johns Hopkins, and succeeded Miss Hampton in 1894 as its Superintendent. Appointed in 1907 Professor of Nursing and Health at Columbia University (Teachers' College). Possessed to an unusual degree of what may be called the historic sense, and of that insight which tends to the creation of far-seeing public-spirited ideals, and imbued with a deep enthusiasm for the elevation of the educational standards of her profession, Miss Nutting's quiet force of character has developed the activities of this most important post to a very wide field of usefulness, which surpass even the high hopes of its founders. In this work she has been ably supported and assisted by her gifted associate, Miss Isabel Stewart.

Slide 205—Lavinia L. Dock. An early graduate of Bellevue. Co-author with Miss Nutting of Volumes I. and II. of the History of Nursing and author of Volumes III. and IV. and of the shorter History just published. A prolific writer and one of the greatest forces in the advancement of the nursing profession to-day.

Slide 206—Lillian D. Wald. Graduated from the New York Hospital in 1892. On her entrance to the school in 1889 was a probationer under Miss Livingstone of the Montreal General Hospital, who was then in her last year of training. Founder of the Nurse Settlement, New York City, and pioneer on this continent in Nursing Social Service. Took an influential part in various public movements of civic and humanitarian character.

In Canada

Remarks: Canada takes an important and an honorable part in the history of nursing on this continent. Beginning with the heroic enter-

prise of the French hospitals established at Quebec, Montreal, Three Rivers, Port Royal and Louisbourg in the late seventeenth and early eighteenth centuries, and passing through that dark period which immediately preceded, in all countries, the birth of modern training schools, we come, in the year 1864, to the opening at St. Catharines, Ontario, of one of the first, if not the first, Nightingale School on this continent, in connection with the General and Marine Hospital. This school, which has ever since upheld the dignity of its standards and is to-day well worthy of its pioneer traditions, owes its inception at this early date, and its high standard to-day, to the devotion of Dr. Mack, who, in 1873, brought out three Guy's Hospital nurses and several probationers.

The next attempt to come into line was made at the Montreal General Hospital, so it is mentioned here, although it is to be recognized that the Toronto School has priority of actual establishment by several years (see below). In the Montreal General Hospital, which was founded in 1822, the nursing was conducted along the old lines, until 1875, when an effort to form a training school was decided upon and a graduate of St. Thomas' Hospital was placed in charge, with four Nightingale nurses under her. This is one of the few failures to be placed to the credit of Miss Nightingale's pupils; for, through an unfortunate combination of circumstances, the effort had to be abandoned within two years, and the party returned to England. Not for some fifteen years did the Montreal authorities recover sufficiently from the blow for the second, this time successful, attempt. Meantime, a lady matron, Miss Rimmer, had been placed in charge (about the year 1879), and the reputation of the hospital had improved somewhat through her activities. On her resignation, in 1889, the announcement was made that the post of lady superintendent and head of the training school was vacant and that applications would be received. Several unsuccessful trials were first made with various applicants, which all failed on account of the apparently impossible state of the hospital. The most important of these was the appointment of Miss Draper, of the Illinois Training School, who remained three days, and then left in distress at the herculean nature of the task. Finally, in February, 1890, Miss Norah Livingstone*, a Canadian with Montreal connections, who had just graduated from the New York Hospital, was appointed. In the sweeping reform which she introduced, she was ably seconded by several very capable assistants of her own selection, notably Miss Quaife, of New York, and Miss Greatorex (first night superintendent), of Edinburgh Infirmary. The state of the hospital at the time of Miss Livingstone's advent to it beggars description, for its reputation was unsavory, its inmates overcrowded and poorly housed, and bad sanitation, dirt and disorder prevailed. The young Superintendent, fresh from her

*This was nine years after the establishment of the Toronto General Training School and six years after the beginning of Miss Snively's administration there.

training and without other experience than as charge nurse of a large medical ward for the last two months, braced herself to the encounter, and met her committee with determined mien, and the almost impossible situation with absolute success. Within the year disorder had given place to system, newspaper shrouds for the dead had been replaced by cotton ones and other strange abuses abolished, beds, mattresses, linen and other necessities of life for the patients provided, and the training school, itself fully organized with complete regulations and junior staff, had a class of five of the old-time nurses who had remained on under the new condition ready to present for graduation. They were Ellen Chapman, Georgina Carrol, Jean Preston, Julia English and Christine Mackay. Their names are historic, for their graduation represents the establishment of a brilliant and a fundamental reform, which for rapidity and thoroughness of execution has not been surpassed, and the inauguration of a school, which, in the high standing taken by its early graduates and the importance of the posts they were immediately called to fill in this country, may be said to have repeated the history of old Bellevue. (This tribute of course applies equally to the pioneer graduating class from the Toronto General Hospital Training School (1883)—see below.)

The Toronto General School was organized in 1881, nine years earlier than the Montreal General. Much the same difficulties were encountered here, and there is a record of repeated changes in management over the three years previous to its actual establishment along its present lines under Miss Snively in 1884. Miss Harriet Goldie, its first lady superintendent in 1881, being succeeded some two years later by Mrs. Fulford (nee Starry), a graduate of St. Thomas' Hospital, who was again replaced in six months by Miss Privett, a graduate of the Massachusetts General Hospital, who resigned in discouragement eight months later, in October, 1884. Miss Snively, a Canadian and a graduate of Bellevue, then entered upon her tenure of office and showed from the first those qualities of leadership combined with idealism that enabled her to steer the slender craft of the Training School through the troubled seas of many difficulties to its present safe and splendid anhcorage. "A cultured woman of high principle, with a broad conception of her duty, and with a clear vision regarding what was expected of her, she laboured faithfully in the Toronto School until July 1st, 1910, when she retired, respected, honoured and loved by a large circle of sincere admirers." (Dr. C. K. Clarke). Miss Snively was succeeded by Miss Robina L. Stewart, of the Johns Hopkins School. As in the case of Miss Livingston, great honor attaches to Miss Snively for the great Training School she has built up. Nutting and Dock point out that "the history of these two women, Miss Snively and Miss Livingston, is the history of nursing in Canada. Their graduates have gone forth from their hands into every corner of the Dominion, building, developing and reforming,

and carrying everywhere the traditions and atmosphere of the schools in which they were trained."

To them, then, is to be ascribed the credit of the high status which has been everywhere accorded to Canadian Nurses in the United States, and to them belongs the first sheaf of the laurel that has crowned the splendid work Overseas of Canadian Nurses in the Great War!

For further information upon the history of Canadian hospitals, students are referred to Nutting and Dock, Volume IV., pages 134-150. Of great interest is the extension work of the Sisters of St. Joseph of the Hotel Dieu of Montreal, and of the Grey Nuns of the same city. The latter founded the pioneer hospital of the West, the St. Boniface General Hospital, now holding 400 inmates, through three of their Order, who sailed from Montreal, in canoes, on this undertaking on April 25th, 1844.

Slide 207—Miss Mary Snively. A native of St. Catharines, Ont., and a graduate of Bellevue, in 1884, where she trained under Miss Perkins. Appointed Superintendent of the Toronto General Hospital in 1882. Developed here a splendid school, through many difficulties. Has been a power in Canadian and international organization. Retired in 1910.

Slide 208—First graduating class, Toronto Training School for Nurses, 1883-1884. The class of 1883 contained four members; that of 1884, ten.

Slide 209—Annual meeting of Canadian National Association, University of Toronto, June 14th, 1918. Miss M. A. Snively, past President; Miss Jean I. Gunn, President.

Slide 210—Miss Norah Livingston. First Lady Superintendent of the Montreal General Hospital, and organizer of its Training School. Born at Sault Ste. Marie, of English Army parentage and Anglican upbringing. Graduated in October, 1889, from the New York Hospital, where she trained for two years, the last two months of these in charge of a large medical ward. Appointed to Montreal General Hospital, February 18th, 1890. Immediately on arrival organized the School by drawing up regulations for a two years' course and sending out application forms for candidates. Later introduced chart boards, medicine lists, forms for nurses' notes and night reports, dressing baskets, etc., etc., and instituted training in infectious diseases and outdoor training in gynaecology (against much opposition), night nurses, diet kitchen in 1896. Retired on September 1st, 1919, after having established, through tact and decision, discrimination in the selection of officers, good judgment and insistence on the cardinal principles of good nursing, a system of the highest efficiency.

(To Be Continued)

Build thee more stately mansions, O my soul,
As the swift seasons roll!
Leave thy low-vaulted past!
Let each new temple—nobler than the last—
Shut thee from heaven with a dome more vast,
Till thou at length art free,
Leaving thine outgrown shell by life's unresting sea.

OLIVER WENDELL HOLMES.

A Laywoman's View of the Private Duty Nurse

By MARGARET S. MCWILLIAMS

Read at the C.N.A.T.N. Convention, July, 1920

My chief feeling, as I begin to speak to you upon this subject, is that of amazement at my own light-hearted temerity in assenting to the request to undertake the task. I can only feel that I was in some way under the mesmeric influence of the genial personality of Miss Jean Browne. For the problem you have asked me to discuss is a very elusive one, being really the personal relation between two women, based on the fact that one needs something which the other is able to give. Indeed, if we follow the philosophers, there are many more than two women entering into each single one of these relationships. Each of us, we are told, has, at least, three personalities. Hence, it would follow that every time the nurse goes to a home to take a case there are at least six personalities involved. There is, or are, the nurse as she really is, the nurse as she thinks she is, and the nurse as the laywoman thinks she is. Similarly, you have the laywoman as she really is, the laywoman as she thinks she is, and the laywoman as the nurse thinks she is. And, beyond all these, you have in the background a shadowy seventh and eighth, namely, the nurse and the laywoman as the patient thinks they are, always supposing that the laywoman is not herself the patient.

Now, when you consider the multitude of combinations that may result among the women in any community; when you further remember that, since the poets began to sing, women have been written of in language which varies all the way from the exquisite words of Shakespeare's sonnets, of which a couplet comes to mind:

"For thy sweet love remembered such wealth brings,
That I then scorn to change my state with kings."

to those of that very cavalier lover of Kipling's, who, being bidden by his Maggie to chose between him and his smoke, philosophically says:

"A woman is only a woman,
But a good cigar is a smoke."

how should any one woman search out the accurate viewpoint of this relation? All of which is only to say that, if any one here does not like which I have to say, she may at once discard it as being the wrong one of the million odd combinations which may arise.

Some weeks ago I set myself to search out public opinion on this matter. Before the war I should not have needed this preparation. In those high days, as you may recall, it was fashionable to have operations and to talk about them. And many a valued hour of leisure had busy women to give up to the hearing of the sad tale of what the nurse and the doctor did and did not. In those days you had passed, I think,

from being young women who, filled with the spirit of adventure and the love of romance, had entered on a profession which almost certainly led to a story-book marriage, to being brisk and efficient young persons rather in the get-rich-quick class, whose measure of service was not always pressed down and running over.

I had thought that the war might have changed all this. So many women felt so deep a reverence and profound a gratitude to the gallant young women who went to the front and did there for us who could only endure the long agony of waiting at home, what, had we been able, we should have sought to do ourselves. I had thought that perhaps the view of the private duty nurse might now be taken through this rose-colored glass, so I went, seeking, with such methods as I consistently use, to sound out public opinion.

This opinion, may I remind you, is rarely the result of consideration of reasoned arguments. It is the instinctive reaction which comes so much more from feeling than from thought. Well, as I went about with my little touchstone, I was amazed—so much amazed that I am going to give you verbatim which I myself got, leaving you to weigh it.

The first woman to whom I spoke said: "Well, I am sure you won't be very popular if you tell them what I think about them." Rather breath-taking, was it not? But, having reflected that you probably had not invited me here to increase my own popularity, I went on. The next I heard was, "I do hope you'll tell them the truth." An older woman, whose judgments are usually a bit caustic, but, on the whole, fair, said: "If only they would do their duty a little better everything would be all right."

Then there was the young woman who said, "I had to have a nurse last winter, and I sent for her in fear and trembling—I had heard such dreadful things. But she was a real joy. She did not even want to take her two hours off." Note that, please, for it comes out of one of the things it seems to me are the matter.

Another woman said, "If only the maid would not walk out when one of them walks in." And still another, "I haven't had to have one in my house for years, thank God." Then there were petty criticisms, as, for instance, the one about wanting so many clean towels, which would not be worth repeating, except for the light it throws on part of the problem.

Just a day or two ago I went to a young married woman, who seems to me to typify the best among the women now in their early twenties, and she said: "Of course, there are nurses and nurses; but most of them are (I use her own words) too horribly professional." And my old friend, who has looked on the world with wise eyes for almost eighty years, also said there were nurses and nurses. "Some," she added, "are fine. My last one was a joy to me; but for the one before that, I was simply an accommodation."

But to me, most interesting of all were the remarks of the women whose faces lit up so at the mention of a trained nurse that one knew they had happy memories. They all said, "Oh, but I've been lucky." That's a sentence which shed an illumination on the whole problem, if you just turn it over in your mind.

Now here we have women following the two highest professions for women. We must all agree, I think, that motherhood, properly practised, is the greatest profession for women. For myself, I have no hesitancy in putting the nursing profession second. Certainly, it stands nearest to the ancient domain of women — the complete care for all within her household. How is it, then, that, when women following these high professions come into contact, one is unpopular with the other? Why should the nurse bringing help in an hour when it is sorely needed, and there is none else to bring it, set up in the mind and heart of the woman whom she helps such feeling as the remarks I have repeated to you would indicate?

It is, perhaps, worth while to examine the reasons. Mostly they arise out of instincts or prejudices, and so are hard to change—harder, perhaps, than if they were the result of logic as applied to the situation. Yet much can be done with these old prejudices by taking them out and looking them over. We have done very much this way with the old fetish, which lasted to the days of our mothers, that the chief duty of woman was to marry. We know now that, though a happy marriage is the ideal state, there are many better things for women than just marriage. So let us look at the problem and endeavor to find the reasons for its existence.

First, I should say, is the fact that it is in reality a matter of a personal equation.

Examining the side of the laywoman, I would place first the position of the mother in the home. To get the feeling to which the mother of the home instinctively reacts, one must look back into the days of our great-grandmothers and their great-grandmothers. May I remind you that it is one of the glories of our race that our women have always been the partners of our men. We have had to go through the stage of being purchased as chattels. In the early days the business of caring for and ordering the home was the woman's business, just as procuring the means for the support of that home was the man's. Within the home the woman who was housemother was supreme. And before the dark days of the industrial period settled upon women, the conduct of the home was a real business. Those of you who know Olive Schreiner's "Woman and Labor" will carry the argument further in your minds. This instinct of authority remains in the house mother. Discuss the standardization of household work with the ordinary housekeeper, and you will frequently get the reply: "While I pay the maid, she will do the work as I want it done."

Well, the nurse comes into the house and is not only not subject to the authority of the house mother, but she even overturns it. She takes charge of the case and does as she knows is right. It may be that the nurse desires to administer castor oil. She is not turned from her intention by hearing that the family remedy has always been camomile. Moreover, her standards of sanitation are different. That is where the criticism about the clean towels comes from. Her standards of cooking are different also. Now, to the ordinary housewife, her own standards are the best. Reason as she may, her age-long inheritance makes her rebel.

Close after this comes the economic reason. There is among housewives a great lack of what, for want of a better term, I call business sense. The nurse has it. She knows that she must keep herself efficient, that the life of her patient may easily depend upon that. The housewife ought to know it, but she does not, as witness the remark about the two hours off. This same lack of business sense shows most markedly in regard to money. In families where the financial support is termed income or salary as distinct from wages, joint bank accounts and households run upon the budget system are rare. The woman who has them is envied by her friends. The result is that the house mother spends, but does not pay. She gets a wrong idea of money. She sees her husband, who has a very different idea, cheerfully paying what seems to her a large sum of money to the nurse, while she, perhaps, has never ready money in abundance. There enters into her mind envy, one of the most insidious and destructive of all evil forces.

In the fourth place it should be remembered always that the nurse comes at a time when the laywoman is in an abnormal frame of mind, and this whether she be patient or house mother. If the latter, she has not called in the nurse till it was apparent she could not manage alone. She has not seen the value of keeping her efficiency up, and, like all tired persons, she resents that others keep themselves from being overtired.

It should not be forgotten either that the addition of one person to the average household does add to the burden of labor in that house, and this at a time when it is already overcharged.

The sixth reason I want to advance brings me to the consideration of the case of the nurse, and lies in that professional attitude of which my young friend spoke. This is well understood, but difficult to define; and, as any one of you could do it better than I, I pass on to consider the psychological attitude of the nurse as she comes into the home. It seems to me that too often she comes with some such sentence, "Now I am not going to be imposed upon here," unspoken, of course, but in the very front of her mind. Such an attitude is sensed at once, and brings its own ready response. Was it not Solomon who said, "That which I greatly feared has come upon me"?

Then, of course, a good part of the unfortunate condition, when it is unfortunate, comes from pure misunderstanding. To the laywoman the nurse is a very self-sufficient young person, who knows exactly what she wants to do, and who, sweeping the laywoman aside, takes possession and proceeds to do it. I have often suspected that the nurse really was a timid, nervous young person who was wondering how she was going to be received in the household she is to enter.

And, lastly, I would call your attention to the fact that nurses are reformers. You are reformers in the matter of raising the economic status of women, as well as in improving the health of the nation. Reformers are never popular, even with the people they help. If you doubt this, consider the case of prohibition and the promoters thereof at the present moment.

What is the conclusion of the whole matter? I am afraid it is rather like the famous apple core. There isn't any. It would seem one might as well try to make all marriages happy as to make all combinations of laywoman and nurse ideal. Yet there are certain antecedent conditions which, improved, might ease the whole situation. And, first, I should place the abandonment of that obvious professional attitude of which I spoke. After all, you are women bringing help to other women in their hour of need. Why should you not go in that spirit? Will you permit a laywoman, who does honor your profession and who has a very deep and sincere admiration for the women who practise it, to say to you that it has for some time seemed to her a pity that, following a profession which has so fine ethical principles underlying it, you should have allowed the public to come to think of you as chiefly concerned with what you get out of it? And may I also suggest to you that there is a very profound psychology, as well as a great religion, behind the words, "He that is least among you shall be called great."

And, finally, turning to the laywoman, we come to the greatest need in this, as in any relation into which women are to enter—the need of raising the standard of business sense among women. There must be a general acceptance of the method of looking at things and people squarely and impersonally, of a large-minded standard of fair and honest dealing, and of a generous measure of give and take. It is a truism that the state of a country depends upon the condition of its women. If our country is to enter into the opportunities which await her, the development of this sense among our women must come. It is for us who have had the broadening experience of professional life to lead the way. We can do this in two ways. The first is by example. As an ex-professional woman, I like to think that my family partnership is better run than most. I do not know that I am prepared to maintain that thesis against all comers. I leave it to you to say whether the homes of married nurses are in advance of the general standard.

But we can also lead the way by the creation of public opinion.

This brings me to say that, while it seems to me desirable that we should have organizations of groups of women having special interests, as, for instance, this organization or that of the university women, the teachers or the journalists, we must not forget that we shall be judged first, not as nurses or college women or teachers or journalists, but just as women. We have learned in these latter days that no nation can live to itself alone; neither can any organization of women. It will find its highest good, and the highest good of its members, individually, only as it ministers to the good of the entire country through its service to womanhood. One of the great tasks facing us in this immediate moment is the creation among us all of such a spirit of broadmindedness, of understanding of and tolerance for each other's viewpoint, as shall, sweeping away our inherited prejudices, set our feet in a new and better path.

THE WORKING WEEK

We have had frequent discussions about an eight-hour day and a 48-hour week, but not so often has an attempt been made to plan it out for the individual nurse. Here is a plan for a 56-hour week, which we take from *The Trained Nurse*:

"All nurses, with perhaps one exception, come on duty at the usual hour, 7 a.m. In a wing accommodating thirty ward or semi-private patients there will be probably about five or sir nurses on day duty. The first will go off duty at 9 a.m. and return at 12.30, remaining till 7. She has her noonday meal before she returns, and is relieved one-half hour for the evening meal.

"No. 2 goes off at 10 a.m., has her noonday meal before returning at 12.30, remains on duty till 4 p.m., is relieved from 4 to 5, during which time she has her evening meal and returns at 5, remaining till 7 p.m.

"No. 3 comes on duty at 7, remains till 2, with one-half hour off duty for the noon meal, is relieved till 5.30, when she returns, having had her evening meal, and remains till 7.

"No. 4 goes off duty at 12.30 and returns at 4, remaining till 7, with one-half hour off for the meal.

"No. 5 is on duty from 7 to 3, and goes off duty for the rest of the day.

"No. 6 remains off duty till 2.30, and relieves the night nurse by staying on duty till 10.30.

"If unusually serious cases are in the wing, two night nurses will be a necessity, the same general routine being followed.

"Each nurse is given one afternoon each week from 3 o'clock, according to this plan, the nurses alternating in this shift.

"The probationers come on duty for their hours of practical work at such times as they can be most useful in relieving nurses for classes and off duty hours, and are gradually introduced to the responsibilities they must later carry."—*Nursing Times.*

International Nursing Students

Rarely has a more interesting group of nurses been gathered together than the League of Red Cross Societies' Scholarship Students, now taking a year's public health course at King's College for Women, Campden Hill, London, N.W. Including Miss Florence Waters, in charge of the group, who is assistant director of the Nursing Division of the League of Red Cross Societies, the head office of which is at Geneva, they number 20, and are all now in residence at 11 Observatory Gardens, Campden Hill. (It will be remembered that the object of the League is to develop educational propaganda in time of peace.) The following nurses compose this representative and distinguished group: Belgium, Miss Cécile Mechelynck; Canada, Miss Jean Browne; Czecho-Slovakia, Miss Anna Nemcova; Denmark, Miss Magdalene Tideman; England, Miss Marjorie Beeton; France, Miss Jeanne Mariau; Greece, Miss Athina Messolora; Italy, Miss Lina Molinari; Peru, Miss Maria Albertina Vega; Poland, Miss Marie Chludzinska; Portugal, Miss Dora V. Westwood; Roumania, Miss Maria Notarin; Russia, Miss Helen Hiriakoff; Sweden, Miss Elsa Anderson; Switzerland, Miss Erica A. Michel; Serbia, Miss Theophanie Body; United States of America, Miss Dorothy Lidyard, Miss Charlotte Simon; Venezuela, Mrs. Vestalia di Manrique.

It was a great pleasure and privilege to meet these students, who have shown by their enterprise their earnest desire to gain knowledge which they can, in the future, put into practice for the benefit of their respective countries. Evidently they have already settled down happily in their new surroundings, and are keen to benefit to the utmost from the opportunities offered to them.

The facility with which all the students speak English is very noticeable, though some of them intend to take lessons from an English teacher to perfect themselves still further. It was interesting also to notice their strongly marked nationality—true to type.

The special course arranged by Dr. Janet Lane Claypon, Dean of the School at King's College for Women, for these students, includes Anatomy, Physiology, Hygiene, Bacteriology, Chemistry, Elementary Science, Sociology, and Household Work. They also learn something of dispensing, and obtain an insight into the Montessori system of education, into nursing methods in connection with the Salamon Centre at Guy's Hospital, and Dr. Truby King's system of caring for mothers and babies at Trebovir Road, Earl's Court. Some of the students are also attending at School Inspection Centres. Excursions are also planned for them to waterworks and sewage farms, etc., where they have the opportunity of studying sewage plant. During the Christmas and Easter vacations they hope to see something of the nursing in rural districts in Durham and Somerset.

It is extremely interesting to hear from the students something of their work in recent years and of the problems which confront them in their own countries.

Miss Jean Browne explained something of the difficulties of public health nursing in Canada, owing to the great distances. The nurses frequently travel from 50 to 80 miles a day. They endeavor to have one teacher, who is also a nurse, on the school staff, and they enlist the sympathy and co-operation of the other teachers.

Miss Nemcova, who during the war has been working in an estate school, spoke of the reorganization of the Red Cross in Czecho-Slovakia.

Miss Tideman had a remarkably interesting experience to relate. She was trained in the Commune Hospital, at Copenhagen, and with other Danish nurses was sent to nurse Russian soldiers in Petrograd. When war broke out there had been living in Russia for two generations certain people known as Bashkirs, a nomadic race who were German subjects, and had never been naturalized in Russia. It was therefore necessary to intern them, and they were sent to Siberia. They are a primitive people, eating with their fingers, and generally uncultured. When the question arose as to what was to be done with German prisoners, it was decided to billet a certain number on the Bashkirs. They did not like it, but had to submit. It was to this colony of 3,000 Bashkirs and Germans, which had no doctor or nurse, that Miss Tideman was sent alone, and started a hospital in three rooms.

Miss Marie Chludzinska is hopeful that nurse-training schools may be established in Poland in connection with the universities of Cracow and Warsaw. In regard to typhus, with which the country was ravaged, she draws a distinction between spotted typhus and hunger typhus, which is more of the nature of scurvy. Twenty thousand people died of hunger typhus in the course of ten days. In regard to tuberculosis, the pulmonary form is unusual in Poland, owing to the dryness of the climate, but bone tuberculosis was prevalent during the war.

Both Miss Tideman and Miss Chludzinska hold the Nightingale medal, and the latter has, in addition, the Royal Red Cross. Many of the other students are also holders of various decorations.

Miss Hiriakoff speaks of the difficulties of nursing in Russia, owing to the bad roads. In the winter, when the snow is on the ground, and sleighing is the means of transport, the difficulty is lessened. She would herself prefer to work in the country districts on her return to Russia, but thinks that—at first, at any rate—it will be more practicable to nurse in the towns. In spite of the present poverty, she speaks of Russia as rich, owing to its great mineral wealth.

Miss Maria A. Vega, the student from Peru, signed an agreement before leaving that country to do three years' public health work on her return. It is the intention of the League to keep in touch with these students, and to visit them in their respective countries, and encourage them in their work.

Miss Body, during the war, nursed first in Nish and then in Salonika. She was fortunate in leaving Nish by the last train before the railway line was cut, and therefore did not have to undergo the rigor of the trail over the mountains, as did those who left later. Subsequently she nursed prisoners in Corfu for two years.

Miss Westwood, selected by the Portuguese Red Cross Society, is of British extraction. During the war she nursed at Ambletuse, first in No. 1 General Hospital, where there were English nurses, and then in the Red Cross and Contagious Hospitals, with Portuguese nurses.

Miss Michel has for fifteen years been matron of a Red Cross hospital and nurse training school in Berne.

Miss Waters speaks warmly of the kindness the group of students have received on all sides.

They are looking forward to a very happy and instructive course of study during the academic year which ends in June.

It is the intention of Miss Fitzgerald, the Director of the Nursing Division of the League of Red Cross Societies, to keep in touch with the students on their return to their own countries, not only by correspondence, but by visiting them, and to learning at first hand of their work and difficulties.—*British Journal of Nursing.*

SHADE

The kindliest thing God ever made,
His hand of very healing laid
Upon a fevered world, is shade.

His glorious company of trees
Throw out their mantles, and on these
The dust-stained wanderer finds ease.

Green temples, closed against the beat
Of noontime's blinding glare and heat,
Open to any pilgrim's feet.

The white road blisters in the sun;
Now, half the weary journey done,
Enter and rest, O weary one!

And feel the dew of dawn still wet
Beneath thy feet, and so forget
The burning highway's ache and fret.

This is God's hospitality,
And whoso rests beneath a tree
Hath cause to thank Him gratefully.

THEODORE GARRISON.

Editorial

With January, 1921, the *Canadian Nurse* magazine enters on its seventeenth year, and has been in the hands of the National Association of Trained Nurses for over four years. May it be the New Year's resolution of each association to take their share of the national work of the magazine, and of each individual nurse to subscribe. With this huge body of earnest women working for one object, who can say just the influence and power a journal, owned by the nurses, will have? In the past year several new departments have been instituted and have proved both popular and instructive. Let us all make this magazine the medium for all nursing news, and help in all ways to double its subscribers and its size. The Editor wishes to extend to so many of our nurses her personal thanks for the many kind words of encouragement received, and wishes all a very happy New Year.

The Canadian Nurses' Association and Register for Graduate Nurses, Montreal

President—Miss Phillips, 750 St. Urbain Street.
First Vice-President—Miss H. M. Dunlop, 209 Stanley Street.
Second Vice-President—Miss J. Craig, Western Hospital.
Secretary-Treasurer—Miss Susie Wilson, 638a Dorchester St., W.
Registrar—Mrs. Burch, 175 Mansfield Street.

Gaiety, the fairy, flew across the mart,
Dropped a shining dewdrop into every heart;
Sunshine made it golden, zephyr made its hue
Like the glowing rainbow in the heavens blue.
Moonlight made it silver in the summer air;
Lovelight turned it rose-shade, blushing, flushing there;
Gaiety is fleeting! Hold him by the hand!
He will take you with him into Laughter Land.

LOIS HENDERSON.

Letters to The Editor

DEAR EDITOR:

In the *Canadian Nurse* for April, 1919, was published an article, "The Trained Nurse and the Campaign Against Cancer," by Dr. Niel John Maclean. I would like to write a few observations on cancer of a graduate nurse doing private duty.

1. Dampness and moisture seem to favor the growth of cancer.

On going home with some cancer patients, I find the houses and cellars very damp.

2. The careless exposure of foods, often standing exposed to the air, uncovered, for long periods.

3. Molds grow readily on these foods after exposure. On experimenting, I find these molds on specimens of food, if kept in dark in closed jars, will grow thick growths of mold, some growing size of a walnut in eight weeks, or covering the whole specimen with a mass of growth, and not changing the color of the specimen.

The more acid the food, the better the growth of mold.

Soda bicarb will check growth of mold for a time. I grew [redacted] same mold successfully on blood-serum, using the same serum as [redacted] for diphtheria cultures. And I know that mold sphores have been found in blood-cultures of human blood.

I am also told that green corn in a silo, after moisture of frost, decomposes and goes moldy.

What about infection through milk?

3. Common species of molds:

(a) Penicillium Glaucum—The most common of household molds, is a bluish-green color, and is called the blue mold; is common on bread, cheese, fruit, lemons, also tobacco if not properly cured, and is listed as a very dangerous fungus growth.

(b) Mucor—Common on bread, fruit.

(c) Monilia—On cheese.

(d) Puccinioe—Attacks not only cornfields, fruit trees, raspberry bushes, and rose-buds.

Diet of Cancer Patients.

All very fond of buttermilk, sweet and starchy foods and acids.

All are necessary articles of diet for mold growth.

The bulk of evidence is against cancer as an infectious disease.

I thought I would like to have the opinion of some of the members of the Canadian National Association of Graduate Nurses.

Yours truly,

H.G.H., Class 11. G. PRICE.

News from The Medical World

By Elizabeth Robinson Scovil

Tonsillectomy and Rheumatism

In a report of the study in ninety-four cases of the effect of tonsillectomy on the recurrence of acute rheumatic fever and chorea, it is stated that complete removal of the tonsils seems to be the most important measure at present available for the prevention of acute rheumatic fever and the allied rheumatic manifestations. One or more attacks of chorea had occurred before the removal of the tonsils in forty cases, and there was no recurrence in twenty cases, or fifty per cent. The cases were observed during an average period of three-and-a-half years after the operation.

Hospital Accommodation

At a meeting of the Toronto Central Council of Ratepayers, it was reported that there was a serious shortage of accommodation in all hospitals there. The only solution of the problem seems to be the municipal ownership and control of all hospitals and their revenues.

Anthrax From Shaving Brushes

The United States Public Health Service has issued a warning against the use of shaving brushes made of horse hair. Brushes made of hair infected with anthrax are believed to be unknowingly sold.

Infant Feeding After Six Months

It is stated, from study of a number of babies who did not thrive after six months' old, that the breast milk is not sufficiently nourishing for a child but should be supplemented. The same is said of cow's milk.

Public Cuspidors

A French medical journal advocates the provision of cuspidors with running water, like those used by dentists. They should be placed in all public places for the protection of all human excreta. Sputum is capable of transmitting a number of fatal diseases, and it should be considered disgraceful to expectorate in public.

Closing Schools

Closing schools as a means of controlling epidemics of measles, whooping cough, scarlet fever, diphtheria, small pox and poliormyelitias, should be a last resort, used only when thorough and systematic appli-

cation of other measures fails to effect control. The loss of school time and money is serious. The modern method of careful daily inspection of infected schools, isolation of sick children, and quarantine of those in contact with them, is both more effective and economical.

Enuresis

It is stated that the cure of enuresis is the result of the mental awakening and stabilizing of the brain cells that control the act of micturition. These patients have neurotic, unstable nervous systems, accompanied sometimes by mental retardation. Psycotherapy mental suggestion, and education of the sub-conscious mind, should supplement any other form of treatment.

Food In Pulmonary Tuberculosis

A writer in the American Journal of Medical Sciences says that extra meat is necessary, in the case of patients with pulmonary tuberculosis, until a proper amount of protein is in the body. Milk furnishes calcium salts combined in such a way that the system can make use of it at once. It supplies the fat soluble; cod liver oil and butter fat also contain it in large quantities, vegetable oils and fats are deficient in it, or lack it entirely. The water soluble B. is practically always supplied in sufficient quantities.

Dog's Milk in Infant Feeding

A case is reported where the twins of a gypsy mother were nursed by a large dog. The twins were being fed on insanitary soup, and the doctor who had attended the mother advised the substitution. The dog highly approved of the service she rendered and came running to the babies when she heard them cry.

Full Term Extra Uterine Pregnancy

The Missouri State Medical Association Journal reports three cases of extra-uterine pregnancy which arrived at full term. In two cases the children were born alive, in the third the fetus had been dead for some time previous to the operation. All mothers recovered.

Prohibition in Australia

The British Medical Association in Australia has endorsed prohibition. One of the members said that prohibition was stated to interfere with the liberty of the subject. The same might be said of the sale of opium, or other drugs, or a quarantine. It was said to be unworkable, but it had worked well in Mohamedan countries. A referendum is to be held in Queensland every three years. Charlemayne issued edicts to regulate the drink evil, so they are not of modern origin.

Public Health Nursing Department

Address public health news items from each province to the following representatives:

Nova Scotia
Miss E. M. Pemberton,
Victoria General Hospital,
Halifax.

New Brunswick
Miss Sarah Brophy,
74 Carmarthen Street,
St. John, N.B.

Quebec

Ontario
Miss Eunice H. Dyke,
City Hall, Toronto.

Manitoba
Miss Elizabeth Russell,
Provincial Board of Health,
Winnipeg, Man.

Saskatchewan

Alberta
Miss Christine Smith,
Department of Public Health,
Province of Alberta,
Edmonton, Alta.

British Columbia

QUESTION BOX

Questions on public health subjects will be received by the Chairman of the Public Health Section of the Canadian National Association of Trained Nurses, Miss Eunice H. Dyke, City Hall, Toronto. Each question will be forwarded to nurses qualified to discuss the subject.

CANADA'S FIRST COURSE IN PUBLIC HEALTH NURSING

By WENONAH DURANT, R.N. (President)

Dalhousie University, Halifax, Nova Scotia, has the honor of graduating the first class in Public Health Nursing in Canada. The diplomas were awarded by Dean Stewart, of the Medical School, in the Monroe Room of the Medical Building, on September 22, 1920.

This course was arranged by a committee from the Medical School, Dalhousie University, in co-operation with the Provincial Department of Health, the Massachusetts-Halifax Health Commission, the Victorian Order of Nursing, together with the charitable and philanthropic organizations of Halifax and Dartmouth.

In order to further its peace-time programme, the Nova Scotia Provincial Branch of the Canadian Red Cross provided scholarships for each of twenty candidates, stipulating that each should promise to do Public Health work in Nova Scotia for a period of at least one year.

The requirements for registration are graduation from a recognized training school for nurses, registration in the province or state from which application was made, and a satisfactory preliminary education.

Owing to the "flu" epidemic in the early part of the year, the opening of the course was postponed to March 22. On that date the fifteen

nurses who had registered started off in dead earnest to pursue the course of studies laid out by the committee, and for six months we have been very busy with lectures, study, field work, and excursions.

We made visits to all the various city and provincial institutions and offices, to model housing areas, as well as factories and plants in Halifax and vicinity.

Our course in tuberculosis work in the clinic and the home was supplemented by two weeks at the Provincial Sanatorium at Kentville —made possible by the interest of both the Medical Superintendent and Chief Nurse of that institution.

All phases of the Child Welfare programme, from the prenatal work through the Infant Welfare preschool and school age periods, we found interesting, for it showed us graphically what is our duty to the future citizens of Canada.

The field work, which was done under the direction of the Halifax Welfare Bureau, the Victorian Order of Nursing, and the Massachusetts-Halifax Health Commission, was, no doubt, the most practical phase of the course, since it demonstrated to us the problems with which we will have to cope and the methods to use in meeting them.

Our lecture course ceased on July 9th, and our interest immediately centered upon the Red Cross Health Caravans. Since these were the first of their kind in the world, we were most gratified to have the opportunity to travel for a period of two weeks through the province with them.

Each caravan carried a personnel consisting of a nose and throat specialist, a chest specialist, and a dentist, three or four nurses, boy scouts, and ambulance drivers.

Educational moving pictures, lantern slides, and all the necessary apparatus for setting up an emergency field hospital, were included in the outfits.

Each caravan consisted of four ambulances, a Delco truck, and a touring car.

It was indeed a very proud moment for us all to be the first class in Canada to be graduated from a university as public health nurses. We all felt that this course, with its varied experiences, has meant much to us. It has indeed brought to us a broader knowledge of public health problems than we had anticipated. The keen personal interest of each lecturer in his subject, and the sympathetic interest of those charged with experiences of field work, stimulated us to a deeper sense of our responsibilities.

President McKenzie, in addressing the class, wished us every success in our future work and congratulated us upon the fact that we were pioneers in Canada. Miss Eunice Dyke, Director of Public Health Nursing for the city of Toronto, delivered the graduating address. In

opening, she said that, although it was a long distance from Toronto to Halifax, she would gladly have come much further to have the honor of being present at such an important event in the history of Canadian nursing. As Miss Dyke's address has been published, we shall not quote it here. That it made a marked impression on all present was quite evident.

Short addresses were also given by Mrs. Dennis, president of the Red Cross, Honorable Mr. MacGregor, representing the Premier of the Province, and Dr. W. H. Hattie, Provincial Health Officer.

To Dalhousie, and our instructors, to the Red Cross Society and the many other agencies co-operating to make this course a success, we extend our heartiest appreciation and the assurance that we are ready to join with them in any effort put forth for the welfare of the Province of Nova Scotia and the Dominion of Canada.

Department of Nursing Education

Conducted by the Canadian Association of Nursing Education

PUBLIC HEALTH NURSING COURSE

UNIVERSITY OF TORONTO, TORONTO

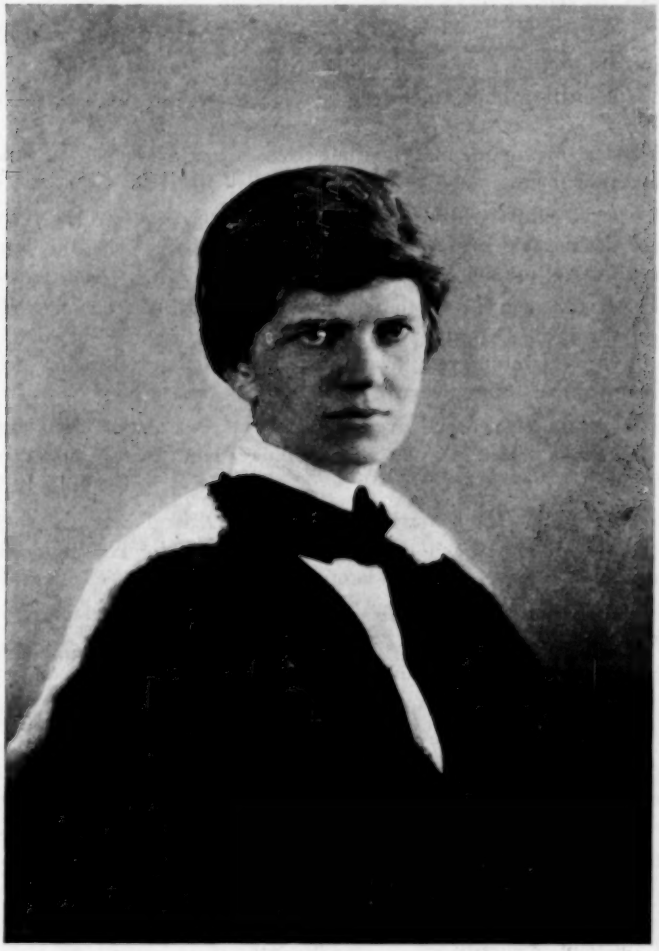
(EDITOR'S NOTE.—Miss E. Kathleen Russell, director of the course, is a graduate of King's College University, Windsor, N.S., and trained at Toronto General Hospital, afterwards taking up the work of public health nursing on the staff of the Toronto Department of Public Health.)

This department began its work September 30th with an enrolment of fifty students — twenty-six graduates of Toronto training schools, eleven from other Ontario hospitals, one from the Montreal Western Hospital, one from Winnipeg General Hospital, two from English hospitals, and seven from American hospitals. Of these nurses, twenty-seven have served overseas.

The students' time will be divided between theoretical and practice work. Throughout the first term there will be approximately fifteen hours a week practice and observation work with various social and health agencies of Toronto, and eleven hours lecture work.

Curriculum—All subjects required; no electives.

Hygiene.
*Medicine.



MISS E. KATHLEEN RUSSELL, B.A.,
Director of the Public Health Nursing Course at the University of Toronto

Public Health Nursing—Principles and Practice.
*History of Nursing.
*Psychology.
Psychiatry.
†Nutrition and Dietetics.
Social Case Work.
Social Economics.
*Principles of Teaching.
†Discussion Course—Contemporary problems in Nurse Education and Nursing Practice.

*First term only.
†Second term only.

In addition, arrangements will be made to visit various hospital clinics in small groups, including special clinics at the isolation hospital.

Physical training and swimming classes are also open to students of this department.

A special effort will be made to have the class *study* the responsibility of the nursing profession as a whole—not only for health nursing, but also for the nursing of the sick.

The health agencies of the city, particularly the Victorian Order of Nurses, the local Department of Public Health and the Toronto hospitals, are co-operating very heartily. This co-operation makes possible some very valuable practice work for these nurses.

The course will extend over one academic session of eight months, from September until May. The training given is for public health work only.

Scholarships—The Ontario Branch of the Canadian Red Cross Society has awarded ten scholarships to the value of three hundred and fifty dollars ($350.00) each. These scholarships have been awarded on a basis of general qualifications.

Requirements for Admission—Only graduate nurses may enrol in the department.

Applicants resident in provinces or states in which registration for nurses is enforced must be registered.

Applicants resident in provinces in which registration for nurses is not enforced must be eligible for membership in the Canadian National Association of Trained Nurses.

For the first time the educational qualifications of the student will be considered by a special committee. It is proposed in the near future to require for admission to this department a certificate of matriculation in a Canadian university.

Hopeless Case

The keeper of the insane asylum had taken his patients out for a walk when they ran across a pedestrian gazing perplexedly at the railroad tracks.

"Can you tell me where this railroad goes?" he asked.

"You'd better come along quietly back inside with us," answered one of the patients soothingly. "That doesn't go anywhere. They just keep it there to run trains on."

So live with men as if God saw you; so speak with God as if men heard you.—Seneca.

The World's Pulse

By Elizabeth Robinson Scovil

Women Try Women

At a recent trial in England for performing illegal operations, six women sat on the jury. A midwife was found guilty and sentenced to seven years' penal servitude. The patient had died.

Where Women Strike

In a recent lecture at King's College, London, the lecturer said that in Northern Rhodesia the women go on strike if any man in a village says or does anything which they interpret as a slight. They refuse to work and will not prepare the food. The men have to apologize in a body, and the women insist on gifts of beads and other articles to placate their offended dignity.

A Canadian Honored

Sir Campbell Stewart, who was born in Montreal, has been appointed managing director of the London *Times*.

Empire-Wide Passports

Any British subject who holds a British passport will now be able to travel anywhere within the Empire without further formality. The proposal to effect this change originated with the Prime Minister of South Africa.

An Old Portrait

In the museum of the University of Pennsylvania is a day tablet, dating from 2300 B.C. It bears the portrait of the last king of Ur, known to the Bible readers as Us of the Chaldeans, from whence Abraham came. The tablet is said to be a postage stamp, and also served as a seal to a registered package. The portrait was made by rolling an engraved cylinder over the soft clay, and is as clear and distinct and the features as well defined as the day it was made.

Exhibition of Foxes

An exhibition of live foxes, born and bred in captivity for their fur, was held in Montreal in November. Prince Edward Island is the principal seat of the industry, where it is carried on very successfully. Scientific feeding has much to do with producing lustrous and beautiful fur. A single silver fox skin has sold for $2,600.00, and a pair of breeding foxes once brought $25,000.00. During his visit to Prince Edward Island last year the Prince of Wales named two foxes George

and Mary, after the King and Queen. These were shown at the exhibition.

The Nation's Hero

The body of the unknown soldier buried in Westminster Abbey on Armistice Day, as a representative of the brave men who lost their lives on the field of battle in the war, was laid to rest in earth brought from France. The ceremony was most impressive and was attended by thousands, including the highest dignitaries in the land. The King followed the coffin on foot as chief mourner.

The Vimy Memorial Church

It is proposed to build a Protestant church at Vimy as a war memorial. The district was once the home of the old French Huguenots. During the war the Huguenot minister stayed on, living in the greatest poverty. The church is to cost $150,000.

English Plays in Germany

It is stated that at least half-a-dozen plays by British authors are being produced in Berlin. A German version of Oscar Wilde's "The Importance of Being Earnest" is causing much merriment. Shakespeare is, however, the most popular author, and "Julius Caesar" is well staged and played to large audiences.

A Valuable Painting

A picture was bought for a small sum in a second-hand shop in Winnipeg which has proved to be an original Velasquez. It is identified by the skin tints and a cloak of burnt leather color, which was a favorite hue with the Spanish master. The picture is the portrait of a lady. On one wrist is a tiny black bow, said also to be a distinguishing mark. Velasquez ranks with Raphael and Titian, and belongs to the early 17th century. The painting is thought to be worth from $250,000 to $400,000. It has been sent to Christie's, the London art dealer, for sale.

Seizure of Narcotics

It is stated that more than a million dollars worth of drugs was seized by Government agents in the United States in two months. They were principally morphia and cocaine. They are to be distributed to hospitals.

Handiwork of Disabled Veterans

The gown worn by Lady Maureen Stewart at her marriage to the son of the Earl and Countess of Derby was embroidered by the men of the Belfast Branch of the War Service Legion. It was of soft ivory satin, and the train had a mass of violets at the bottom, with trailing sprays up the sides beautifully embroidered in silver.

Canadian Army Medical Nursing Service Department

We are happy to find from a new Royal Warrant that it has been made quite definite that the decoration of the Royal Red Cross, first class, is to be conferred (apart from Royalty) upon trained nurses only, carrying with it the Bar for further service. The second class is open to V.A.D's and other assistant or probationary nurses belonging to one of the officially recognized nursing services.

Recipients of the second class who are fully trained nurses will be eligible for advance to the first class. M.R.R.C. (Members Royal Red Cross) will be used for the first class and A.R.R.C. (Associate) for the second.

Under previous Royal Warrant of recent date women became eligible for the most coveted of honors—the Victoria Cross.

Seemingly, the question of honors and awards is receiving consideration in order of precedence. Next we may find Army nurses, with the relative rank of officers, eligible for the Military Cross rather than the Military Medal heretofore awarded. And then we shall hope to see suitable recognition provided for the nurses who kept the fires of the home hospitals burning.

During the Armistice Day ceremony at the temporary Cross erected on Parliament Hill, Ottawa, a beautiful wreath of chrysanthemums, with oak leaves, was placed by Matron-in-Chief M. C. Macdonald. The card attached read:

"From the C.A.M.C. Nursing Service. In loving loyalty to the members who gave their lives for the Empire in the Great War."

All success to Matron M. Goodeve, R.R.C., and Assistant Matron Mildred Robertson, who, on October 1st, 1920, took over the private hospital known as "Lynhurst Hospital" (38 beds), 100 Yorkville Ave., Toronto.

A hurried visit in November last conveyed the impression for an abundance of patients, plumbers and energy, with a distinct C.A.M.C. flavor of efficiency, enthusiasm and humor.

Nursing Sister M. Jessie Leitch is at present conducting a column, entitled "The Woman of It," on the editorial page of *The St. Paul Dispatch,*" St. Paul, Minn. Although diverting her ability mainly to the

newspaper world, Sister Leitch retains her keen regard for all things pertaining to the Service. Several contributions from her pen concerning overseas experiences have come to hand, and will, in due course, be published in this department.

Nursing Sister Margaret Kennedy, who was demobilized in England, is engaged in private nursing at the Isle of Wight. She is looking forward to a "causerie" with Mrs. Lewis (nee Nursing Sister Ray McLeish), who, with her husband, is resident in London. These Nursing Sisters served together at No. 3 Canadian Stationary Hospital at Doullens.

Nursing Sister Isabel V. Ramsay is engaged as night supervisor at the Lebanon Hospital, Bronx, New York City. Sister Ramsay asks that an S.O.S. call from her be communicated to Nursing Sister Jane Glendenning.

Nursing Sister A. H. Nelson is floor nurse at St. Luke's Hospital, Ottawa.

Nursing Sister Rachel McConnell, A.R.R.C., has accepted the post of second assistant, Hartford General Hospital.

We regret to learn that Nursing Sister Helen Hastings Perry, latterly of the staff of the *Pictorial Review*, in which journal she ably conducted the Department of Public Health, is at present a patient at the Elk Inn Sanitorium, Saranac Lake, N.Y. With both lungs affected, Sister Perry writes that she is "trying to keep cheerful and get well." Let us all help by sending her an occasional cheery letter. Make that one of your New Year resolutions.

Nursing Sister Isabel Galbraith is on the private duty nursing staff of the New York Hospital.

From the Retreat, York, England, Nursing Sister Annice Richardson writes that she is happily situated as assistant matron. Her mind often reverts to her C.A.M.C. friends, she states.

Nursing Sister Mary Thomas is matron of the Balfour Sanitorium, S.C.R., Balfour, B.C. On the nursing staff are Nursing Sisters M. S. Fulton, M. Matthews and Jean Warrender. Nursing Sister M. E. Wood and Nursing Sister J. Fitzpatrick-Smith, who were also employed at the sanitorium, have resigned—the former to return to her home, London, Ont., and the last named to return to England.

Nursing Sister Larose (No. 6 General) is assistant matron, Kootenay Lake Hospital, Nelson, B. C.

Nursing Sister Lyda MacFadyen is at present superintendent of the City Hospital, Washington, D. C.

Nursing Sister Pauline Rose, A.R.R.C., superintendent of the General Hospital, Nanaimo, B. C., recently spent two months holidaying in Simcoe, Hamilton and New York.

Nursing Sister Olive Garland, R.R.C., is matron of Deer Lodge,

S.C.R., Winnipeg. Associated with her are Nursing Sisters Helen Stewart and Rose Quinn.

Nursing Sister Sadie Ferguson, A.R.R.C., assistant matron Manitoba Military Hospital, Tuxedo Park, has been demobilized, and leaves for California, where she will be joined by Nursing Sister M. H. McGill.

Nursing Sisters G. Comartin and Ester Hofstrand are now in California.

Mr. and Mrs. R. D. Waugh (nee Nursing Sister M. Mowat, A.R.R.C.) spent the Christmas season with the former's parents at Saarbucken, Germany. Mr. Waugh, Sr., is the British representative on the Saar Valley Commission.

Nursing Sister Vera Strange is in charge of the Orthopaedic Surgical Building and the Convalescent Home in connection with the new hospital opened by Drs. Galloway and Gibson in Winnipeg. Nursing Sisters Irene Barton, McLaren and Mortimer are also on the nursing staff.

Nursing Sisters J. Isabel Smith and Jessie McDonald are on the staff of a sanatorium at La Jolla, California.

Receipt is acknowledged of a note and package from Matron V. C. Nesbitt, R.R.C., giving no address. The package contains collars and cuffs of the mess uniform, which Matron Nesbitt kindly places at the disposal of any member applying for same.

Nursing Sisters O. McMillan, G. Matheson and I. K. Wishart are engaged in private nursing duty in California.

Nursing Sister Agnes Baird is employed as social service nurse by the Department of Soldiers' Civil Re-establishment, Winnipeg.

Nursing Sister Margaret A. Kennedy is on the staff of the Victorian Order of Nurses, Winnipeg.

Nursing Sister Emily Parker is school nurse. Nursing Sisters Isabel Jeffares and D. Webb are employed under the Manitoba Public Health Department.

Mrs. Thomas Sullivan (nee Nursing Sister Agnes Balfour Davie) is securing copyrights for a story covering fourteen months' service. We await with interest the publication of Mrs. Sullivan's book.

Nursing Sister A. Hayhurst, A.R.R.C., writes that she is engaged as travelling secretary, or field worker, for the Maritime Division Canadian National Institute for the Blind. During the past year she has made an intensive study of the Maritime Provinces in search of blind people, and was much impressed by the beauty of the various districts visited. Nursing Sister Hayhurst suggests a C.A.M.C. Nurses' Club along the following lines: Local branches meeting regularly; annual re-union in one of the larger cities; annual report, including names and addresses of members; fee, $2.00 or $3.00 annually—salary of secretary

to be paid from same. Further suggestions along these lines are hoped for.

* * * *

CHRISTMAS AT "CLOVELLY COURT," 1917

By A. J. B., No. 16 Canadian General Hospital.

Those dark, dreary, foggy days of December, 1917, were busy ones for us at No. 16 Canadian General Hospital, and it was while performing my various duties in clinic, a knock came to the door and I was called from adjusting the bandages on a facial patient for an interview with the assistant matron in the corridor. It might have meant the long-anticipated leave, it might have meant duty in France, or it might have meant anything; but what it turned out to be was a brief instruction to accompany another Sister, known by all as "Benny," to Clovelly Court, North Devon.

An invitation had come for two Canadian Nursing Sisters to spend Christmas there. Benny and I exchanged congratulations, consulted as to luggage, and gleefully proceeded to brush our best uniforms. Then came "inspection by Matron, with a warning that by our P's and Q's the C.A.M.C. Nursing Service would be judged, and that our conduct must reflect credit or discredit upon all. We set forth with a feeling of solemn responsibility, and not without misgiving as to our own shortcomings. Seated in the train, there crowded to mind visions of being expected to speak in public, to discuss professional subjects gravely and weightly, to observe rigid conventions that might prove foreign to us. The outlook was indeed gloomy. Suddenly Benny chirped up, "Anyway, let's not cross our bridges until we come to them." Magical words that were at once followed by a burst of sunshine penetrating the darkest corner of the compartment. We had left London in its usual state of sunless, foggy tearfulness, so the change was accepted as a propitious omen. Our spirits rose; we viewed our "compagnions de compartement," also on holiday bent, with awakened interest. We were prepared to indulge in conversation—not so our fellow-travellers. Their attitude of cheerful tolerance rather than absolute indifference presumed no advances. However, Army Sisters with their wealth of topics of common interest can entertain one another unceasingly and untiringly. In addition, was there not the most lovely scenery to enjoy—the green, green fields, the thatched roofs, the gabled cottages, and other features quaint to the unaccustomed eye?

The pleasant eight-hour journey ended all too soon. At Biddeford, a seaport town, picturesquely situated on two hills rising from the banks of the River Torridge, with houses built mostly in Elizabethian style, there awaited us a luxurious Napier car. The drive of eleven miles was truly "up hill and down dale." In the dim distance could be seen

the hazy outline of Clovelly Court, one old wing of which dates back to the 11th century. Indoors, beside a tea table near a cosy fire, we found our hostess. With a courtly grace of pre-tango days, she extended greeting and hospitable welcome.

Benny and I at once "sensed" an atmosphere of peace, minus the speeches and conventions and all that we had feared. Here was to be found rest from the clinic and the ward, the forgetting of operating-rooms and air raids. The comforts of a delightful English home at Christmas time, amid the sunshine and clear skies of glorious Devon, was to be ours for ten days. With positive greediness, we fell upon our tea. Never before, or since, has the aroma of browning toast made stronger appeal to our appetites. After tea, rest in our rooms was prescribed until the dinner hour at eight o'clock; this last being followed by a game of bridge. Then to bed, feeling like Queens of Sheba in our rose and gold rooms. And such beds! Downy luxury of ancient canopied four-posters. Next oblivion till the gentle South of England voice of the maid, "Your bath is ready, Miss." After months of reveille in dim and early dawns, this gentle rousing from slumber was typical of the change in our lives during our visit.

Morning brought sunshine and walks along the cliffs and through the woods. Glorious restful days there followed—days of unalloyed happiness and enjoyment.

Clovelly Court is wonderfully situated on high cliffs facing the deep, blue waters of Biddeford Bay, and within walking distance of the quaint fishing village of Clovelly, which consists of one crooked, rambling street—not paved in our modern asphalt, but made of cobblestones; a succession of broad steps, up which none but donkeys and men can plod. To give a real conception of Clovelly village, I can do no better than quote Kingsley in his "Prose Idylls": "I crawled up the paved streets, inaccessible to cart or carriage, which are flatteringly denominated 'Clovelly Street'; behind me a sheer descent, roof below roof, at an angle of 45 degrees to the pier and bay, two hundred feet below, and in front, another hundred feet above, a green amphitheatre of oak and ash shutting out all but a narrow slip of sky."

From the top of the village winds the picturesque "Hobby Drive," built centuries ago by an ancestor of our hostess. When on these rambles I carried a stick, picked by chance from many in the great hall. This stick, I afterwards learned, had been carried by no other than Mr. Asquith, a frequent visitor at the Court. It is related that on one of these visits he narrowly escaped stoning by an angry mob of suffragettes, and was detained some time a prisoner within the walls of the Court—though not in the dungeon.

Our hostess was most anxious for us to see Hartland Abbey, and, although practically closed at this season of the year to guests, it was arranged with the housekeeper in charge that we be shown over this

historic residence. Benny, two Canadian officers (also guests at Clovelly), with the writer, started off one morning in a comfortable trap for the Abbey. It seemed as if the objective of our drive might have been a picnic, as a good-sized hamper had been placed in the trap; the contents of hamper, with coffee served by the housekeeper at the Abbey, proved to be a tempting lunch. England, seeming to be a network of railways, made it difficult for one to realize any village so far distant as 17 miles from railway connection, which Hartland proved to be.

I can remember thinking that day how interesting if a fairy had touched her magic wand and let us glimpse back into the early days of the Abbey when monks habited the place. An underground passage connects the Abbey with the church half a mile distant. Now, when too late, I regret we were not brave enough to explore this passage.

Christmas Day was celebrated quietly at Clovelly Court. In the morning our hostess conducted us over the entire Court, there being fifty rooms, practically all closed up but a dozen or so—the coal allowance barely heating these. Christmas afternoon was pleasantly spent in arranging and assisting with a party for all the children on the estate; being entertained by the Mistress of the Court is always a gala day in their young lives. Benny proved an excellent pianist, while our hostess, officer guests and myself rollicked with the children in "Sir Roger de Coverley" and "Here we go gathering nuts in May."

These strenuous games were somewhat fatiguing, so a rest was most welcome ere we partook of Christmas dinner. But, alas! the rationing rules of Lord Rhonda allowed no such bountiful repast as cheered Tiny Tim in Dickens' "Christmas Carol."

The remaining few days at the Court were full of interest; especially did we enjoy our visit to the picturesque thatched roof dairy, where the delicious Devonshire cream is made.

But all holidays, special and regular, come to an end, and we needs must journey back to where duty, and much of it, awaited us.

We were never told whether we properly or improperly represented the C.A.M.C. Without undue arrogance, it may, however, be added that subsequently numbers of the Nursing Sisters became guests in turn at Clovelly Court. It is safe to say that, with these, Benny and I share a happy recollection that neither time nor distance can efface.

Take time to speak a loving word
Where loving words are seldom heard;
And it will linger in the mind,
And gather others of its kind,
Till loving words will echo where
Erstwhile the heart was poor and bare;
And somewhere on thy heavenward track
Their music will come echoing back.

Hospitals and Nurses

NEW BRUNSWICK

The Alumnae Association of the General Public Hospital, St. John, entertained the graduating class at a reception and dinner at the Clifton House. Members of the class are Misses Marjorie Mitchell, Agnes Fahey Dolan, Evelyn Cameron, Sarah McMullin, Mabel McKinnon, Althea Gilmour, Kathleen Williams, Erna Ganong, Louise Blue, Elthea McDowell, Margaret McDowell, Mary Murdock, Lillian Shand, Lily Sampson, Beatrice Reid, Annie Leckie and Eva Craig. Wishes of success and congratulations were extended to the class by the association.

Miss Retallack resigned her position as superintendent of the G. P. H. in December.

The monthly meeting of the association was held at the home of Miss Addy, and the invitation was received from Mrs. W. N. White to meet at her house at some future date.

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QUEBEC

Jeffrey Hales' Hospital, Quebec

Miss Edith Glass (1918) is relieving the staff at Shawnigan General Hospital for the holidays.

Miss D. M. Binning (1911) has accepted a position on the staff of the Jeffrey Hales' Hospital.

The engagement of Miss Louise Caron (1918) to Mr. Arthur Riddell (McGill Med., 1921) is announced, the wedding to take place December 25th, 1920.

Miss Sadie Young, of the Montreal General Hospital, is visiting her mother in Quebec for a few weeks.

At the monthly meeting of the J.H.H.A.A., Dr. James Stevenson gave an interesting talk on "New Things in Surgery in Connection with Nursing." Lectures such as these enable nurses not in hospital work to keep abreast of the times.

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ONTARIO

Woodstock

Miss M. H. Mackay, R.N., assistant superintendent of the Woodstock General Hospital, is spending some time in San Francisco, Cal.

Brantford

Miss Margaret Tait, who spent three years overseas, has accepted the position of superintendent of the General Hospital, Belleville.

Miss C. P. Robinson has been forced through illness to give up her position on the staff of the Brantford General Hospital, and is taking extended holidays.

Miss Ada Stephens has accepted a position on the staff of the B. G. H., and will commence her duties on January 1st.

Miss Ina M. Jones intends spending the winter in California.

The annual bazaar of the Alumnae Association of the B.G.H. was held in the Assembly Hall of the Nurses' Residence December 2nd. Fancy work, home-made cooking and candy were sold, and a nicely decorated tea-room was in evidence, where a social half-hour was spent. The sum of $250.00 was realized.

Waterloo

The annual meeting of the Kitchener and Waterloo Nurses' Association was held November 1st, with a very good attendance. The principal business was the election of officers, as follows: President, Mrs. N. Heller; first vice-president, Miss Elenora Kiefer; second vice-president, Miss Idessa Huber; treasurer, Miss Ada Wesoloh; secretary, Miss Elsie Master; *Canadian Nurse* magazine representative, Miss Florence Wood. After the business, refreshments were served. A very interesting series of lectures are planned for the winter sessions of the association.

At the December meeting Miss Foy, secretary of the Ontario G. N. A., was to have addressed the meeting, but, owing to illness, was unable to be present. The campaign of the P. P. H. Nurses, it is expected, will start early in the New Year in Kitchener. After considerable business, the meeting was brought to a close with a social hour as the guests of Miss Murray, assisted by Miss Bott.

Grace Hospital, Toronto

Miss C. E. DeVellin (1893) has recently been appointed industrial nurse with the Canadian General Electric Co., Toronto.

Miss Margaret McKeown (1902) has been appointed industrial nurse with the Dominion Express Co., Toronto, and Miss Mildred Bates (1914) with the Bell Telephone Co., Toronto.

Miss Ethel M. Hawley (1906), who has been till recently engaged in military nursing, and who served overseas, has been appointed operating-room supervisor at Grace Hospital.

Guelph

On Friday, November 26th, the brass tablet was unveiled which had been placed in the front hall of the hospital in memory of the nurses who died during the epidemic of influenza in 1918. Friends and

relatives of the deceased nurses, with many graduate nurses and other citizens, gathered for the ceremony of unveiling, which was performed by Miss Ferguson, president of the Alumnae Association. The opening address was given by the president of the Hospital Board, Mr. J. M. Taylor, and was followed by a dedication service conducted by Rev. G. F. Scovil. Dr. Angus MacKinnon then accepted the tablet on behalf of the hospital, and an address was given by Rev. Little. The following is the inscription on the tablet: "In loving memory of the nurses who died while serving during the recent epidemic of influenza, 1918. Pearl Talbot, class 1910; Nellis MacKenzie Hugill, 1913; Ella Ziegler, 1915; Marie Frances Awty, 1918."

After the meeting the association voted to give $25.00 to the Red Cross Society for the starving children of Europe.

London

Armistice Day was fittingly observed in London with a huge parade, followed by placing in position the captured German guns given to this city. In the Armories, a Cross was unveiled by Miss Hilda Stuart, a returned Nursing Sister, placed in honor of the overseas nurses who gave their lives in the fight for freedom. A wreath, in memory of those who did not return, will be placed on the cross. A splendid programme of patriotic music and addresses was given.

The bazaar on November 2nd, given by the Victoria Nurses' Alumnae Association, proved a most enjoyable function and a thorough financial success. This was held in the residence, and Miss Stanley received the guests, while Miss Mortimor presided in the tea-room. A beautiful filet teacloth, given by Miss Stanley to be raffled for the benefit of the Children's Hospital Fund, towards which the Victoria Hospital A.A. aim to give $1,000.00. The rooms of the Home were most attractive, and reflected much credit on those concerned with the management of the affair.

Miss Mary McVicar, past president of the V.H.A.A., who for the past ten years has been superintendent of nurses at the Ontario Hospital for the Insane in this city, and who has resigned, to accept a position with the new clinic at the Victoria Hospital, was presented recently by Superintendent Robinson with a gold wrist watch on behalf of the medical and nursing staff of the hospital. Several physicians spoke of the work Miss McVicar had done, and of the regret expressed by all that she had severed her connection with the Hospital for the Insane. During the afternoon tea was served by the nurses.

Sarnia

A well attended meeting of the Graduate Nurses' Association of Sarnia was held November 15th, Miss Hicks presiding. Miss Kathleen Scott, superintendent of the hospital, filled the chair after being elected honorary president, and the business of the meeting was proceeded

with. This included the change for private duty nurses of 18 hours' work daily instead of 20 hours, as formerly, and the election of officers, as follows: President, Miss M. Bolton; vice-president, Miss Emma Parker; treasurer, Miss Minnie Lee; secretary, Miss Esther Nesbitt.

Graduates of Sarnia General Hospital decided recently to establish an Alumnae Association, and a committee was appointed to locate the present addresses of graduates outside the city and form the association. Monthly meetings will be held immediately preceding the G.N.A. meetings on the second Monday of each month, and a re-union of all graduates will be held once a year. Officers of the Alumnae are as follows: Miss Hicks, president; Miss Christina McKillop, vice-president; Miss Myrtle Curts, secretary; Miss Minnie Lee, treasurer.

Hamilton

Miss E. C. Giffen is in Hamilton for a short visit, after an absence of several years.

Miss McPhail has accepted a position with the Public Health Nurses at Morden, Man.

Miss Eva Street has been added to the staff of Public Health Nurses of Hamilton.

The Alumnae of the H.G.H. are having a bronze tablet placed in the rotunda of the hospitary in memory of Nursing Sister May Sampson, who died in the service of her country. There will also be placed a roll of honor, containing the names of all the H.G.H. graduates who served overseas.

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BRITISH COLUMBIA.

Miss Boggs, R.N., has recently taken charge of the hospital at Penticton. The nursing staff now consists of Miss Boggs and six graduate nurses, Misses Beattie, Travis, Reed, Ross, Burnham, and Mrs. C. Smith.

BIRTHS

Clark—In Hamilton, Nov. 23rd, 1920, to Mr. and Mrs. Robert Clark (Miss Carter, H.G.H.), a daughter.

Duff—At St. Johns, Nfld., on Nov. 22nd, 1920, to Mr. and Mrs. Peter Duff (Violet Dickenson, R.V.H. 1915), a son.

MARRIAGES

Cooper-Neiley—At Unity, Saskatchewan, December 16th, 1920, Eva Von Agnes Neily, graduate of Vancouver General Hospital, 1915, to Mr. Samuel Ward Cooper.

McKinnon-McDowell—On December 1st, 1920, at Glen Allen,

Ont., by Rev. Mr. McCullough, Bessie Sturgeon McDowell (T.G.H., 1916) to Chester A. McKinnon, of Hillsburg, Ont.

McKay-Paynter—At Beulah, Man., September 20th, 1920, Nursing Sister Theodora Paynter, A.R.R.C., to Lieut. McKay, of Calgary. Lieut. and Mrs. McKay are residing in Pandora, Alberta.

Morris-Bessey—On November 20th, 1920, at Georgetown, Ont., Gertrude Rosett Bessey (Grace Hospital, Toronto, 1915) to Mr. Thomas Berwyn Morris, Toronto.

Prudham-McQueen—On Thanksgiving Day, October 18th, at Freelton, Ont., Grace Kirkpatrick McQueen (Grace Hospital, Toronto, 1917) to Mr. Harry Prudham, of Watertown, Ont. Mr. and Mrs. Prudham will live in Galt, Ont.

Wickware-Westwood—On September 10th, 1920, at Ashbury College, Ottawa, Jessie Westwood (Grace Hospital, Toronto, 1917) to Mr. Walter Wickware, Ottawa.

DEATH

Munt—Suddenly, at Waterloo, Ont., on Oct. 16th, 1920, Frances Munt.

Subdermal method of vaccination, also copied from *The Trained Nurse and Hospital Review*:

A method of vaccination, known as the acupuncture or subdermal method, introduced by Dr. H. W. Hill, of the Minnesota Public Health Association, into the Canadian and English armies, has proved to be of a decided advantage over the endermic method used in the American army. In the subdermal method, a drop of vaccine is placed on the arm, and the skin merely punctured in an area less than one-eighth of an inch square, three or four such areas, two inches apart, being punctured on the left arm of the vaccinatee. No blood is drawn. This method accomplishes a great saving, for absolutely no bandage or dressing is required, and the necessity of waiting for the arm to dry is dispensed with entirely. Only fifteen seconds are required for complete vaccination by this method. In only one case out of 500 is any after treatment needed or desired. Its extreme simplicity is the great point in the favor of this method. A plain sewing needle is always available, and is all that is required. It also protects the arm from external infection, for the punctures seal up as soon as the needle is withdrawn. The vaccination is not spread over a large area; there being a space of at least an inch between the pustules after development. The multiple small areas vaccination prevent the formation of a large eruptive center, which is always obvious in the endermic method. It is both painless and bloodless. It saves not only time, suffering and bandages, but has proved to be the most efficient method of vaccination.

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Regular Meetings—Second Friday of each alternate month.

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Regular Meeting—Fourth Thursday of each alternate month at 3 p.m.

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Meetings—Fourth Wednesday, 8 p.m., of every second month, beginning in January, but omitting July.

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Regular Meeting—First Tuesday, 4 p.m.

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Regular Meeting on the first Tuesday of every month, at 3.30 p.m., in the Nurses' Residence.

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Regular Meeting—First Thursday every second month, 8 p.m.

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Regular Monthly Meeting—Last Tuesday, 2.30 p.m.

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Regular Monthly Meeting—First Tuesday, 8 p.m.

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Regular Monthly Meeting—Second Wednesday, 8 p.m.

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Incorporated March, 1917

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Incorporated April 19, 1916

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